

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7462</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Albert</u> <u>C</u> <u>Mincey</u> P.O. Box, Bldg., Room No., if any <u>Suite A</u> Street <u>2181 Tower Dr</u> City <u>Denham Springs</u> State <u>Louisiana</u> ZIP Code + 4 <u>70726</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS AFL-CIO</u> Labor Organization File Number <u>000-052</u> P.O. Box, Building and Room Number, if any Street <u>1750 New York Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Albert Mincey

On

08/08/2005

Date

225-664-4467

Telephone Number

Name of Person Filing Albert Mincey

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Impact

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Ave., NW, NW Lobby

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Receives contributions from Employers who have collective bargaining contracts with local unions - \$4,519,541 IMPACT leases office space & employees from Iron Workers - \$1,057,284

11.b. Approximate dollar value of such dealing.

\$5,576,825

12.a. Nature of interest held or income received.

06/16/04 - New Orleans Regional Advisory Board - Food & Drinks

12.b. Amount.

\$123

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Albert Mincey

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein, Urann & Lurye

Trade Name, if any: A Professional Law Corporation

P.O. Box, Bldg., Room No., if any P.O. Box 6768

Street 2540 Severn Ave., Suite 400

City Metairie

State Louisiana ZIP Code + 4 70009-6768

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

Pension Plan Attorney

11.b. Approximate dollar value of such dealing.

\$106,783

12.a. Nature of interest held or income received.

12/9-04 - value of Christmas gift from RUL - \$37
Co-Sponsor for dinner held in conjunction with
Trustee meeting:
7/12/04 \$19.00 - Co-Sponsor for dinner held in
conjunction with Trustee Meeting.

12.b. Amount.

\$56

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Principal Capital Management, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street 801 Grand St.

City Des Moines

State Iowa

ZIP Code + 4 50392

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana

ZIP Code + 4 70001

11.a. Nature of such dealing.

Business solicitation

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

9/29/94 Business Dinner approximately \$50-\$75

12.b. Amount.

\$50

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Landon Butler & Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 925

Street 700 Thirteenth St. NW

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

Business solicitation

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Business dinner:
3/24/-04 approximately \$50 - \$75

12.b. Amount.

\$50

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Oppenheimer Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 Avenue of the Americas

City New York

State New York

ZIP Code + 4 10105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana

ZIP Code + 4 70001

11.a. Nature of such dealing.

Investment Manager for Pension Fund

11.b. Approximate dollar value of such dealing.

\$33,364

12.a. Nature of interest held or income received.

12/1/04 Business Dinner for Trustees Approximately \$50 - \$75

12.b. Amount.

\$50

Name of Person Filing Albert Mincey

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name ASB Captial Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 310

Street 1919 M Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

Business solicitation

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

3/4/04 Business Dinner \$48.00

12.b. Amount.

Name of Person Filing Albert Mincey

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Iron Workers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Health Insurance Plan for Union Members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Working lunch received in conjunction with Board of
Trustee Meetings:

1/8/04 \$11

8-5-04 \$10

12.b. Amount.

\$21

Name of Person Filing Albert Mincey

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Iron Workers Mid-South Pension fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Retirement Plan for Union Members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Working lunch in conjunction with Board of Trustee Meetings:

3/24/04 \$18.00

7/12/04 \$25.00

7/13/04 \$25.00

9/29/04 \$33.00

12.b. Amount.

\$101

Name of Person Filing Albert Mincey

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Pension Plan Administrator

11.b. Approximate dollar value of such dealing.

\$319,672

12.a. Nature of interest held or income received.

7/12/04 Co-Sponsor dinner held in conjunction with
Trustee meeting \$19.00

12.b. Amount.

\$19